

Dr. Bernhard Stratmann

Bauhaus-Universität  
Weimar

# Healthy Cities Australia

## A Long-Term Study of a Success Story

Presented at the DAAD Seminar „Von  
Deutschland nach Australien und  
gemeinsam in die Zukunft“, Australian  
Embassy, Berlin, Germany, May 7-8, 2009

SARS, avian flu (bird flu), and the current swine flu outbreak originating in the mega city Mexico make clear:

- a) The importance of good health is often not fully recognized until it is under threat or lost.
- b) The significance of cities (or the local level) for good and poor health, (mental) well-being and the overall quality of life cannot be overstated.

As the UN-HABITAT “State of the World’s Cities 2008/2009” report states:

- “Cities foster healthy human development by providing easier access to education, health care and employment ... than villages can” (p. 82).

However:

- “Overcrowding, noise, air pollution, and lack of green spaces and communal meeting places such as parks, are associated with increased stress levels among city residents” (p. 128).
- “Lack of public spaces, sports clubs and other venues for leisure activities can also contribute to youth boredom and idleness, which are directly linked to substance use and high crime rates, which in turn contribute to mental illnesses” (p. 128).

On principle:

“Cities are not the problem. Cities are the solution!”

Carol Coletta, president of the US-American association “CEOs for Cities”

However:

- Cities need to be well looked after by planners, architects, (local) politicians, and – last but not least – by their citizens.
- All urban and non urban settlements need to be reshaped, redesigned and, at times, reinvented to adjust to changing conditions, to better cater to their inhabitants’ needs, and to improve the overall quality of life.





In general, Australian cities do well as far as health care, social welfare, safety and security, standard of living, public amenities (open and green spaces, urban furniture etc.), public services and transport, cultural offerings, leisure facilities, the overall quality of life and many other factors are concerned.



This is also reflected in Mercer's 2009 global city ranking:

1 Vienna	7 Munich	21 Perth
2 Zurich	8 Frankfurt	30 Adelaide
3 Geneva	9 Bern	33 Paris
4 Vancouver	10 Sydney	34 Brisbane
5 Auckland	16 Berlin	38 London
6 Düsseldorf	18 Melbourne	49 New York City

Source: [www.mercer.com/qualityofliving](http://www.mercer.com/qualityofliving), retrieved May 4, 2009

However, as in most Western countries, there are also problems. The latter include:

- Alcoholism and substance abuse (in particular Aboriginal people and other vulnerable groups)
- Addictions such as gambling/gaming (elderly people!)
- Depression, mental health
- Obesity (and resulting health conditions such as diabetes, high blood pressure and heart disease)
- Fall injuries (esp. elderly people in an aging society!)
- Social isolation, exclusion and poverty



Photo: Courtesy of Healthy Cities Illawarra

## This is where Healthy Cities sets in!

- The Healthy Cities programme was developed by the World Health Organization (WHO) in the mid 1980s.
- The approach turned into a global movement; today there are local Healthy Cities projects in all six WHO regions.
- In the WHO European Region alone, there are more than 1,200 local Healthy Cities initiatives in over 30 countries.

Australia and Germany: In both countries there are cities, towns and districts in which

- local Healthy Cities projects have been established
- local and state governments support the approach and provide some funding
- local projects are part of national and international networks



In March (25-27.03.2009) a Healthy Cities conference titled “Making cities liveable” took place on the Gold Coast. Among others, the recently established Australian Chapter of the Alliance for Healthy Cities supported it.

Healthy Cities Australia is expected to gain new momentum from the chapter and from being part of the Australasian Alliance.

- What is a Healthy City?
- “... a healthy city is one that is continually creating and improving physical and social environments conducive to health and that creates and expands those community resources for health which enable people to support each other in performing all the functions of life and developing their maximum potential” (Hancock und Duhl cited in Ashton et al. 1986: 321).



## Eleven “parameters of a healthy city”:

- “1. A clean, safe, high quality physical environment (including housing quality).
  2. An ecosystem which is stable now and sustainable in the long term.
  3. A strong, mutually-supportive and non-exploitative community.
  4. A high degree of public participation in and control over the decisions affecting one’s life, health and well-being.
  5. The meeting of basic needs (food, water, shelter, income, safety, work) for all the city’s people.
  6. Access to a wide variety of experiences and resources with the possibility of multiple contacts, interaction and communication.
  7. A diverse, vital and innovative city economy.
  8. Encouragement of connectedness with the past, with the cultural and biological heritage and with other groups and individuals.
  9. A city form that is compatible with and enhances the above parameters and behaviours.
  10. An optimum level of appropriate public health and sick care services accessible to all.
  11. High health status (both high positive health status and low disease status)”
- (Hancock and Duhl, 1988: 33)



## Briefly, Healthy Cities

- is based on the New Public Health approach
- aims at health promotion at the local level by encouraging community participation and intersectoral collaboration
- advocates healthy life styles (exercise, a balanced diet, mindfulness, moderate alcohol consumption, sociability etc.) and
- campaigns for an ecologically, economic and socially sustainable urban environment as a prerequisite for good health.

## My own research:

- Analysis of existing research reports and other academic writings on Healthy Cities projects in Australia
- Study of reports, newsletters and other material produced by local Australian Healthy Cities projects
- Qualitative interviews:
  - with 34 key members of about a dozen Healthy cities projects in Australia (July 16, 1991 until October 11, 1991)

- Another 42 expert interviews during the second half of the year 2001, when I was on a postdoc scholarship from the DAAD and a visiting scholar at Flinders University, Adelaide. This time the focus of the study was sustainable urban development. However, interviews with people actively involved in Healthy Cities projects were included (as Healthy Cities is also about urban sustainability).
- Another 15 interviews with members of Australian Healthy Cities projects in early 2008 (January-March)

## Select Findings

Healthy Cities projects in Australia have been successful in:

- improving the wellbeing of local residents
- encouraging (partly long-standing) community participation
- establishing intersectoral collaboration
- increasing community awareness of health issues and of the links, on the one hand, between life styles and health outcomes and, on the other hand, the sometimes more subtle relationship between the built and social urban environment and health.

Healthy Cities projects in Australia have:

- helped putting health high on the agenda of local governments, schools, private companies, Aboriginal communities, and other institutions/groups.
- gained valuable knowledge and experience with running community-based projects.
- demonstrated, in small scale model projects, that the local scope of action is larger than often assumed, and that lay people are capable of improving the conditions of their lives.

## Why not everywhere?

- A high health status of the population, a relatively high standard of living, good health and social services make it sometimes hard to notice that there is still a need for action (the risks of climate change have helped creating a new understanding of the importance of sustainable development).
- And, as pointed out earlier: The importance of good health is often not fully recognized until it is under threat or lost.

## Some policy recommendations for the success of local Healthy Cities projects:

- Need for a national project or at least a network that supports and, at times, represents the local projects
- Need for a – well-managed and staffed – project office in each location to initiate local model projects, to encourage community participation, to coordinate activities, to build alliances etc.
- Some local and or state government funding is essential.
- Projects should not be too dependent on one person or a very small number of key actors.

## Research Report

A detailed report on the findings of this long-term study will be published later this year or early in 2010.





Thank you for your attention!

The author is a lecturer in urban sociology, Faculty of Architecture, Bauhaus-University Weimar.

By the way: This year (2009) the city, the local university and the whole region celebrate 90 years of Bauhaus.

Copyright © 2009

Dr. Bernhard Stratmann  
Bauhaus-Universität Weimar  
Faculty of Architecture  
Urban Sociology  
Albrecht-Dürer-St. 2  
99421 Weimar  
Germany  
[Bernhard.Stratmann@uni-weimar.de](mailto:Bernhard.Stratmann@uni-weimar.de)